

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/582115

FILING DATE

6-8-6

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/	/				
3	/					
4	/					
5	/					
6	/					
7	/					
8		/				
9		/				
10	/					
11		/				
12		/				
13		3				
14		0				
15		1				
16		/				
17		/				
18		/				
19		2				
20		0				
21		0				
22	/	0				
23		1				
24		2				
25		2				
26		/				
27		/				
28		/				
29		2				
30		0				
31		0				
32	/					
33						
34			/	/		
35			/			
36			/			
37			/			
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42			/			
43			/			
44			/			
45			/			
46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.	9					
TOTAL DEP.	29					
TOTAL CLAIMS	38					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				/		
53				/		
54			/			
55				/		
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.			9			
TOTAL CLAIMS			23			
			32			